



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application of )  
HUOTARI et al. ) Unit 3732  
Application Number: 10/575,956 )  
Filed: November 21, 2006 )  
For: DENTAL UNIT AND METHOD FOR )  
FEEDING WATER )  
ATTORNEY DOCKET NO. PLAN.0002 )

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**COVER LETTER**

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	24	24	4 (Over 20)	x \$52	0
Independent Claims	2	2	(Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
			TOTAL		\$0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Response and Amendment to Office Action<br>(with claim amendments) | <input type="checkbox"/> Information Disclosure Statement     |
| <input type="checkbox"/> Substitute Spec. & marked-up copy   | <input type="checkbox"/> _____ sheets of replacement drawings |
| <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> RCE                                  |
|  | <input type="checkbox"/> Other: _____                         |

- Applicant(s) hereby request and petition that the time for taking action in this case be extended pursuant to 37 C.F.R. § 1.136(a) for:  
 one (1) month     two (2) months     three (3) months

The fee set in 37 C.F.R. § 1.17 for the extension of time is \$130.00 for a large entity.

- Credit card information for \$130.00 to cover to cover the 1-month extension fee and the IDS fee is enclosed.

- Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for  
\_\_\_\_\_.

- The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 12-0555**.

Respectfully submitted,

Nicholas Trunkle SOR:  
Juan Carlos A. Marquez  
Registration No. 34,072

**STITES & HARBISON PLLC**  
1199 North Fairfax Street, Suite 900  
Alexandria, VA 22314  
Telephone: (703) 739-4900  
Facsimile: (703) 739-9577  
Customer No. 38327

**June 1, 2010**